

October 16, 2003

Montana Medicaid Notice

Pharmacies, Physicians, and Mid-Level Practitioners

Prior Authorization Change

On September 22, 2003, the Medicaid Drug Use Review Board (DUR Board) elected to include Prilosec OTC 20mg as a covered drug, effective November 1, 2003. Prescribed Prilosec OTC 20mg will be available to clients without prior authorization (PA) restrictions. Considering this, the DUR Board also elected to change the PA criteria for federal legend, brand and generic Proton Pump Inhibitors (PPI's). Federal legend, brand and generic PPI's may be authorized upon failure of Prilosec OTC 20mg at doses that exceed 40mg per day.

Clients that have existing Prior Authorizations in place for a legend brand or generic PPI will be allowed to continue that treatment regimen until the PA for that particular PPI expires. At that time the above criteria will be followed.

Contact Information

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958